

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/589755

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		2			
2		1	2			
3		2				
4	1	2				
5		1				
6		2				
7		3				
8		2				
9	1					
10	1	1				
11		2				
12		3				
13		1				
14	1					
15		1				
16		1				
17	3					
18		2				
19		1				
20		1				
21		1				
22	3					
23	3	3				
24		3				
25		3				
26	1					
27		1				
28		1				
29	1					
30	3	3				
31	3	3				
32	3	3				
33	1					
34		1				
35		1				
36	3					
37		3				
38	1					
39	1					
40		1				
41		1				
42	1					
43		1				
44		2				
45		2				
46	1					
47		1				
48	1					
49		1				
50	1					
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1			1	
52		1			1	
53	1					
54	1					
55						
56	1					
57					1	
58					1	
59					1	
60					1	
61					1	
62					1	
63					1	
64					1	
65					1	
66					1	
67					1	
68					1	
69					1	
70					1	
71					1	
72					1	
73					1	
74					1	
75					1	
76					1	
77					1	
78					1	
79					1	
80					1	
81					1	
82					1	
83					1	
84					1	
85					1	
86					1	
87					1	
88					1	
89					1	
90					1	
91					1	
92					1	
93					1	
94					1	
95					1	
96					1	
97					1	
98					1	
99					1	
100					1	
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS						